Hospital Gleanings.

NEW MODE OF TREATING HYDROPELSE.

Mr. Lloyd, at St. Bartholomew's, often mentions to his class that the application he finds most effectual in private practice, in effecting the radical cure of hydrocele, is a small quantity of red precipitate on a probe or director introduced into the sac subsequent to its evacuation by the trocar. In a recent case at St. Bartholomew's, according to the application was tried without success; Mr. Lloyd believes it seldom or never fails. It requires no specific apparatus; it produces a certain amount of inflammation of the common kind in the serous lining of the sac, which effectually blocks up the cavity, and no ill effects of any kind are produced.

NEW OPERATION FOR PARACENTESIS IN DROPSY.

A new mode of "tapping", or performing the ordinary operation of paracentesis abdominis, recently adopted by Mr. Birkett, deserves a word of notice. Every surgical practitioner must be aware how commonplace and uninteresting this operation has become, and how very like the analogous process as regards a beer barrel; thus justifying in some measure the association of ideas with which the literal acceptation of the term, the process of "tapping", has come to be regarded by students and surgeons in operating theatres. Mr. Birkett proposes that the fluid should flow away by a piece of vulcanised India-rubber tube being slipped over a sort of flange on the canula, through which the trocar is passed; this piece of India-rubber tube fitted on to a further piece of tube of any convenient length, so as to carry the fluid away from the patient's bed. The finger and thumb are applied to the smaller piece of India-rubber tube, which is compressed firmly as the trocar is withdrawn, and this tube then fitted over to the longer piece of tube. The very unpleasant sound of a flowing stream of fluid is thus done away with; and where patients are not able to sit up to have the operation performed, it suits most admirably. It prevents air also, as in paracentesis of the chest, entering into the cavity.

MORBUS COXARIUS TREATED BY COUNTER-IRRITANTS.

Whether inflammatory diseases of the joints should be treated by counter-irritation, under the form of issues, setons, etc., or by apparatus, has been a subject of much debate of late months in our London hospitals. One section of the profession, relying implicitly on the views of Sir E. Brodie, seem to regard the use of issues, setons, etc., with something alike to horror; while another class of not less practical men, led by their old experience, are still advocates for various counter-irritant processes. A very lengthened and most interesting controversy has just terminated in the French academy of surgeons, also on the subject of setons and issues, where M. Malgaigne has held with no little vigour that the usual arguments against the seton or issue have always hinged rather on the abuse of issues than their proper use.

In this point of view, two cases in St. Bartholomew's have afforded us more than usual interest, as illustrative of these opinions. One was a case of the too familiar disease in all our hospitals—a boy, George F., aged 4 years, admitted April 4, 1856—a case of "morbus coxae", under the care of Mr. Ske; the orthoal plan in some hospitals is to let such cases alone; Mr. Ske, however, ordered a modified course of counter irritation to be tried.

We do not here give cases in full, but prefer offering short hints of the newest mode of practice. A mixture of equal parts of oil of turpentine and acetic tincture of cantharides was directed, as a liniment, to be rubbed every night round the acetabular articulation, while the other, but more ordinary adjuration, such as good diet, rest, tone, air, is withdrawn, and this tube then fitted on to the longer piece of tube. The very unpleasant sound of a flowing stream of fluid is thus done away with; and where patients are not able to sit up to have the operation performed, it suits most admirably. It prevents air also, as in paracentesis of the chest, entering into the cavity.

Observations on the Use of Chloroform as an Anesthetic.

By A. D. Steele, Esq., Honorary Surgeon to the Liverpool Blue Coat Hospital.

Although the reputation of chloroform as an anesthetic is fairly established, there are certain questions in reference to its mode of action, the peculiarities of some of its effects upon the system, and the principles which should guide us in its exhibition, which are still unsettled, and concerning which there is considerable difference of opinion. It is, therefore, desirable that those who have opportunities of noticing its effects in a large number of cases should record the results of their observations, so that, by comparing and generalising the facts noted by different observers, greater light may be thrown upon the doubtful and obscure phe-
nomens connected with the use of this powerful and impor-
tant agent.

The cases in which I have to offer upon the subject are found chiefiy on observations made in fifty cases of which I have kept a record, and in which, during the last four years, I have administered chloroform for extraction of the teeth, and other operations in dental surgery. Such cases afford an opportunity of watching the effects of chloroform in a manner which, for obvious reasons, is less liable to be tainted in the more formidable operations of surgery. My experience, however, has not been limited to such cases, but includes those occurring in ordinary surgical and general practice.

The effect of chloroform, when inhaled in ordinary doses, appears generally to resemble somewhat closely that of ordinary intoxication, varying in its peculiarities according to the different temperaments of the individuals subjected to its action, in the same way as is observed in intoxication produced by alcoholic stimulants. But there is one distinctive feature in the action of chloroform, namely, that the stage of inebriation is accompanied by anaesthesia, more or less complete. I say the stage of inebriation is accompanied by insensibility to pain, because this latter effect is usually referred (either from want of a more advanced stage of chloroformisation: this is a point of considerable importance, which will be more particularly alluded to hereafter. The degree of excitement produced varies extremely, according to the mode of its exhibition, or the state of the patient's mind and habits of life; and in some cases the stage of excitement is prolonged and violent; in others, considerable depression accompanies and follows the period of its exhibition; and in a third class of cases, the patient falls almost immediately into a quiet sleep, insen- sible to pain, and incapable of being roused from which, after a certain period, he awakes as from an ordi-
nary slumber. The effect will sometimes vary in a remark-
able manner in the same individual under different circum-
stances, dependent apparently upon the mental condition of the patient. An illustration of this occurred in the case of a man to whom chloroform was given twice—once previous to the removal of a calculus from the urethra, and once to facilitate the exploration of the bladder with the ordinary metallic sound; on both these occasions, the man was exceedingly violent and noisy, and a considerable quantity of chloroform was required to overcome the ex-
citement, which rendered him quite unmanageable. On a third occasion, this man was placed under the influence of chloroform preparatory to the operation of lithotomy; and in this instance the stage of excitement, if it existed at all, was very slight, insensible to any sensible influence, except little noise or struggling. The different effects of the chloroform in this case are no doubt referrible to the mental condition of the patient. He was an intelligent man, and well aware of the nature of the operations to which he was about to be subjected; and on the last occasion a natural feeling of dread operated as a powerful depressant to his nervous system. This modifying influence of the mental condition of the patient should not be overlooked. It is desirable to allay as much as possible the apprehensions of our patients, where they exist, and to endeavour to inspire them with confidence in the safety of the remedy, and as to their perfect immunity from pain, otherwise an un-
favourable, if not dangerous degree of depression might re-
sult from the effects of inordinate fear. Besides which, an excided or apprehensive frame of mind materially interferes with the action of chloroform, and was required to overcome the exci-
tement which followed without its use.

As to the use of chloroform in favour, or otherwise, it is not to be supposed that the effects of shock from fear may extend; all external indication of apprehension would no doubt disappear when the patient became unconscious, but the system may still be suffering from the effects of shock. In some of the cases in my experience the anes-
thetic condition has been accompanied by very great de-
pression, and in such I believe the precautions before men-
tioned can scarcely be deemed unnecessary. As before men-
tioned, I have observed, a kind of mental disturbance appears to inter-
face very much with the action of chloroform. In hysterical, exici-
table females especially, very distressing symptoms ac-
company its exhibition. A large quantity of vapour must be inhaled before the desired effect can be produced, and there is a probability of bringing on a syncope, and general de-
pression, which sometimes lasts for a considerable time after the operation.

There is one peculiarity which sometimes accompanies the anesthetic condition, and which has been urged as an objection to the general use of it, namely the liable to the erotic emotions which undoubtedly are occasionally pro-
duced. The result of my own observations leads me to believe that the occurrence of these is exceptional, and that it constitutes no serious objection to the judicious employment of an agent having so many important advantages to recom-
 mend it. I have seen but two cases in which there was any
decided manifestation of the condition referred to. One of these was a female in the lock wards of the workhouse, whose antecedents rendered the occurrence but little sur-
prising; she was being operated on, in the presence of the man who was known to have been in the habit of exerting but little control over his passions. The fifty cases before alluded to comprised young persons of both sexes, single and married, and of various temperaments; but in none, with the exception of the young man referred to above, was there any perceptible indication of sexual excitement.

Unpleasant symptoms, however, may sometimes occur. A medical friend related to me the case of a young lady to whom he gave chloroform previous to the extraction of a tooth, and the patient passed into a state of apparent insensibility, but before the operation was commenced she suddenly awoke, and addressed him in such terms of endear-
ment, that he, being a married man, thought it prudent to make a precipitate retreat from the room, leaving the young lady to the consolations of her mamma, who fortunately was present. In the Psychological Journal for 1855, Mr. Edward Bickersteth has recorded in which there were very decided evidences of sexual excitement occurring during the anes-
thetic condition. The fact that chloroform does occasional-
ly produce these effects, although no objection to its proper use, ought certainly to render us cautious in the mode of using it, and especially it is stated that prudence would suggest the propriety of providing against any disagree-
able consequences which might ensue in such cases, by in-
sisting upon the presence of a third person whenever the patient be subjected to its influence. It is not only improbable that it could be attributed to anything which had been known to have been so
It has been already observed that the effect of chloroform vapour is analogous to that of alcoholic stimulants; that it is, in fact, an inebriating stimulant. Now we know that whenever, to the ordinary mode in which alcoholic stimulants act as poisons, under certain circumstances, prove fatal by its direct action upon the nervous system generally.

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I have witnessed certain cases in which chloroform produced convulsions of an alarming character; and although it is a matter of knowledge, I have seen one and heard of others, in which it was thought that the patient had a very narrow escape. The patient, in such cases, seems to be in danger of dying from a condition very similar to paralysis, namely, from a turgid condition of the large vessels of the head and neck caused by unattended spasmodic muscular action; a condition which has been particularly described by Dr. Marshall Hall under the term trachelsis. A slight degree of this condition is not uncommonly seen in ordinary cases of inhalation of chloroform, and must be familiar to every one accustomed to its use.

The different views which have been taken of the manner in which chloroform vapour causes death, as might be expected, given rise to various directions as to the mode of its exhibition and the precautions to be observed in its use. By some we are told that the state of the pulse is the most important indication, and that the finger should be kept to the wrist during the whole period of inhalations; others think that the pulse needs little or no attention, provided the respiration be closely watched. Some insist upon the importance of exhibiting the vapour rapidly and freely, so as to bring the patient as speedily as possible under its influence, thus shortening, or altogether avoiding the stage of excitement which usually occurs when it is given more slowly; others recommend a more gradual exhibition of the vapour, and Dr. Snow especially advises the use of an apparatus constructed to produce a continuous emission of vapour inhaled; or if this be dispensed with, he suggests that the chloroform should, previous to inhalation, be diluted with alcohol. The present state of our knowledge will probably not suffice to enable us satisfactorily to discriminate and decide amongst these conflicting opinions. I shall not, therefore, venture to criticise the opinions of others upon this point, but content myself with stating the conclusions which my own experience and observation have led me.

One of the most important points in administering chloroform undoubtedly is a close and continuous observation of the respiratory movements; for it is, I believe, quite satisfactorily established that one mode of death from chloroform occurs from the gradual cessation of that function. I have sometimes found it necessary to place and maintain on the upper part of the thorax, to feel the heaving of the chest, as the breathing sometimes becomes so rapid and subsides as not to be readily observed. I may mention here that, very recently, I witnessed a remarkable indication of the importance of paying close attention to the breathing. A female patient inhaling chloroform in the operation of resection of the elbow-joint. In the course of the operation the gentleman who was conducting the inhalation requested the operator to suspend his proceedings, as he noticed some peculiarity in the patient's appearance, and it was soon discovered that inspiration had almost, if not entirely ceased; the pulse meanwhile continued unaffected. The cold douche, however, and drawing forward the tongue, excited respiratory movements, and the case terminated favourably; but, beyond all doubt, the girl's life was altogether dependent upon the patient's eye to the inhalation; and had it been less prompt in discovering the failure of the respiration, a fatal issue might have resulted.

While urging the importance of attention to the breathing, I would by no means neglect or overlook the condition of the pulse. It should be examined from time to time; for although, in the majority of cases, no notable alteration occurs, yet I have several times thought it necessary to suspend or discontinue the inhalation in consequence of the pulse becoming very slow and exceedingly feeble. The countenance also, and indeed the general condition of the patient, should be carefully watched. Extreme pallor of the face is sometimes noticed, and indicates the approach of syncope; which, if neglected, might prove dangerous. The means to be adopted in such cases are too obvious to need mention.

As to the mode of inhalation, I have almost invariably adopted a simple and convenient plan, first suggested, I believe, by my neighbour, Mr. Rose, Dentist. It differs but slightly from the very common method of using a napkin or handkerchief; it consists of a piece of lint, or the outside with vulcanised India-rubber, which prevents evaporation from the upper surface of the lint, thus avoiding a waste of chloroform, and protects the operator and bystanders from the participation in the process. The objection which I feel to the use of an apparatus such as that recommended by Dr. Snow, is, that its appearance is likely to alarm patients—a point, in my opinion, of great importance; and I have found the simple mode of inhalation, when carefully conducted, so successful and so safe, that I feel disinclined to adopt any other plan, especially when the innovation seems to me to be qualified by a serious practical objection. The inhalation should, in my opinion, be conducted cautiously, so as to produce its effects gradually, and not, as has been recommended, in a rapid and sudden manner. The pulse, respiration, and general condition of the patient should be carefully watched, and the patient occasionally removed from the face, especially if coughing, choking, or any sign of distress occurs. It has been thought that a recumbent position is more favourable to the action of chloroform, and that convulsive action and great excitement are less likely to occur than if the patient is an upright position. I am, however, disposed to adopt a sitting posture attended with any special disadvantage, although, whenever the nature of the operation permits, I should certainly prefer to have the patient lying down, as, in such a situation, syncope is far less likely to occur. The most important point, in my opinion, to be born in mind in administering chloroform is not to carry the anaesthetic condition to its full extent; in this, I believe, consists mainly, if not entirely, the whole safety of the process.

Although I do not feel justified in asserting dogmatically that the stage of inebriation from chloroform is totally free from danger, and is consequently never fatal, I am strongly inclined to think that future observation will establish the fact that this species of intoxication is not more dangerous than the ordinary intoxication from alcoholic stimulants; and that, by keeping within the limits of this primary effect of chloroform, we may assert that there is no greater risk of life in subjecting a patient to the inhalation of chloroform vapour than there would be in making him tipsy in the ordinary way.

It will doubtless be argued that cases have occurred in which patients inhaling chloroform have died after a very small quantity of vapour has been inhaled, and in whom its effects were by no means carried to an extreme extent. To this I would reply, that, in the first place, such cases are extremely
April 26, 1856.

Association Medical Journal.

333

As I have

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chloroform, to a lady who had sixteen teeth or roots of

extracted. She was a very nervous, excitable sub-

ject, and resisted the action of the vapour for some time;

and during the extractions, and indeed during the greater

part of the time, she screamed and struggled very much,

but, when all was over, declared she had suffered no pain.

It has not unfrequently happened that the friends wit-

nessing the operations cannot be convinced of the insensi-

bility to pain until the patients themselves are sufficiently

recovered to give their own account. In the case of a

most built young man, we had to call in a third

assistant to hold him; and the teeth were extracted just

as much by main force as if he had been quite conscious,

and had fully determined to resist our assault upon his jaw.

He roared out most lustily, but afterwards declared he had

no pain, and had no recollection of making any resistance.

It is a common occurrence to find the mouth rigidly
closed just as the operator proceeds to fix the instrument;

and considerable force may be required to open it; and

I have seen several instances where, after vain attempts to

separate the jaws by force, the operator has said, in a loud

firm voice, ‘Open your mouth!’ the patient has at once

obeyed, and sat quietly while several teeth have been ex-

tracted, without any indication of pain. It may perhaps

be thought that in cases of this kind, the surgeon is a

mortal; but I can only say that any person who is in

the habit of giving chloroform in such cases may easily

satisfy himself of the reality of their occurrence.

I am glad to be able to refer to an authority so high, as that

of Professor Murphy, of University College, who appears to

have met with cases in which corroborative the statements just

made. In a paper read before the Medical Society of

London, and published in the Association Journal of 2nd

February, 1856, he mentions the case of a lady in her

fourth confinement, which illustrates the point, and which

I therefore, with your permission, will relate in his own

words:—‘I was summoned to her rather late, and, when

I entered the room, found her in the middle of a very severe

pain. I at once gave her chloroform, which she inhaled

with avidity, but apparently without any relief; she cried

out rather more than before. I continued, however, to ad-

minister it with each pain. She exclaimed loudly during

the pain, but slept in the intervals profoundly. At length

I observed stertor in the sleep, and withdrew the chlo-

roform. The child was born, and, on placing my hand on

the fundus of the uterus, to assist in expelling the plac-

enta, she cried out just as loudly. When it was removed,

my patient lay asleep, but moaning at intervals, as if she

were in pain. After some hours, she awoke, and had no

recollection of anything that happened from the time she

first inhaled chloroform.’

In this case, no doubt, as in those I have related, the

patient was perfectly insensible to suffering, notwithstanding

appearances to the contrary. Dr. Murphy regards it

as an exceptional case, and seems to attribute it in some

measure to the circumstances under which the inhalation

was commenced; for he adds, ‘I never afterwards gave

chloroform to a patient in the middle of a pain.’ My ob-

servations lead me to believe that such cases are more

common than is generally supposed, and I invite attention

to the point, as being of much interest and importance.

It is not far to pronounce that anaesthesia has really

developed until patients have sufficiently recovered to give

an account of their own feelings. I am satisfied that, from not

fairly recognising this peculiarity in the effect of chlo-

roform, inhalation is often carried further than is neces-

sary. In surgical operations, I have often noticed, if the pa-

cent does not call out or struggles, it is regarded as an indica-

tion for more chloroform, and the patient is needlessly subjected

to a more profound degree of stupor, by which the danger

is unquestionably increased. As I have before remarked,

for all the purposes of humanity, the first degree of chlo-

roformisation is probably sufficient; at all events, I think the
experiment is worth trying. One difficulty, no doubt, would arise in some instances from the violence of the patient's struggles, which are often such as to require considerable force to hold, but in such cases, I believe, it would be overborne with less risk than that incurred by throwing him into a state of coma. I may mention, that I have observed results similar to those in Dr. Murphy's case, in which, however, in the face of chloroform, and who exhibited every sign of stimulation during the operation, but who, after all was over, declared that she had felt little or no pain. The suggestion I wish to throw out is, whether, in the use of chloroform, we may not insure a greater degree of safety by limiting its effects to the earlier stages of anesthesia, without depriving our patients of all its beneficial effects. I will not venture definitely to decide this question, but I commend it to the consideration of those who may have the opportunity of confirming or negating the position. It may be considered that, as the cases upon which I have mainly founded my observations are of so simple a nature as to be an extraction of a tooth, the test has not been a fair one; but a little consideration will, I think, show that scarcely any surgical proceeding can afford a much better proof of insensibility to pain. The operation, it is true, is very short in duration; but I think the moment more acute, and more difficult—or I would say, impossible—to be borne without the slightest shrinking or indication of consciousness, than that of passing the jaw of the tooth-key or forceps between the neck of a tooth and its surrounding gum, especially when one or both of those structures, as the usual case, are in a state of exalted sensibility, from a greater or less degree of inflammation. Moreover, I may observe, that in the more serious operations of surgery, such as lithotomy and the amputation of the breast, I have been able to notice the same peculiarities as those I have specially alluded to as occurring in dental operations.

In conclusion, I would remark, that if my views should be borne out by future observations, the objection to the use of chloroform in certain operations connected with the face and mouth will be got rid of; for I am quite satisfied that, if the first stage only of chloroformisation be produced, there will be no risk of insensibility of the epiglottis, and consequent danger of blood entering the trachea: indeed, in many of the operations I have conducted, there has been considerable hemorrhage within the mouth, quite sufficient, in fact, to cause death, if the epiglottis had failed to perform its function.

CASE OF AMPUTATION OF THE LEG, IN WHICH NO LIGATURE WAS USED.

By CHARLES HOLMES, Esq., M.R.C.S.Eng., Chipping Norton.

Case. On the evening of the 23rd February, 1856, I was requested by Mr. H. to visit T. C., a boy 12 years of age, to whom he had been called, on account of an injury from a threshing machine. The lad was in much pain, and some-what faint; but I was informed there had been little loss of blood. I found an incision above the ankle, en- circling the limb, and the skin reflected over the toes lay- ing bare the extensor tendons of the foot; in addition to which there was compound dislocation of the ankle, with displacement, and comminuted fracture, of the astragalus. Any hope of saving the limb being out of the question, and the position in life of my patient rendering the possession of an artificial foot a matter of uncertainty, I proceeded six hours after the accident, to amputate, by the circular operation, at the middle of the leg. On loosening the tourniquet, there was a slight oozing from the surface of the stump, but no appearance of arterial blood could be detected. At the expiration of fourteen hours, the boy in the meantime having some quiet sleep, and expressing himself in no pain, the edge of the wound was brought together by slips of soap plaster, and kept in posi- tion by a few turns of a bandage.

Feb. 23th. Going on well.
Feb. 29th. Dressed the stump. Looking well.
March 1st. Has suffered from violent diarrhoea during the night, probably occasioned by irregularity of diet. Ordered a mixture of chloric ether, and aromatic consecution. Wound painful.
March 2nd. Diarrhoea less. Continue mixture. Two ounces of port wine daily. Some sloughing of integuments. All very broad position.
March 4th. Wound healthy.

From this time, nothing worthy of record occurred, and the wound is now (March 27th) almost entirely healed.

REMARKS. In speaking of the comparative value of the circular and flap operations, Ferguson states that the only instance in which he has seen a "single ligature alone required in the thigh was a circular operation". Sir George Ballingall and others have also asserted that the vessels retract more completely in the circular operation, and the above case would certainly support such an opinion. This superiority being admitted, it is to be considered if it counterbalances the advantages peculiar to the flap; and if I confess my experience does not enable me to speak on the subject. I may observe, that chloroform was not given in this case, as I had not the opportunity of assistance at hand.

COMPLICATED CASE OF BRIGHT'S DISEASE.

By J. L. W. THREICHLM, M.D.

[Read before the Medical Society of London, March 29th, 1856.]

Mr. L., aged 65 years, had been attended by a physician in London. She had been ill three months: at first she became anaemic, which, however, disappeared, and heart disease became the prominent feature of the case. The leading symptoms which preceded death are interwoven in the comments on the post mortem appearances.

The necropsy was made by me, sixteen hours after death. On inspection of the body, I noticed a bed-sore at the back of the head; it was a part of the covering of the skull, of about the size of a crown-piece, in a state of inflammation and diffuse suppuration, extending to the bone. This had no doubt been caused by the patient having been able to sit up, and latterly not even to lie on either side. There was no bed-sore on any other part of the body, owing to the layer of fat underneath the skin being very much developed. There was no partial or general discoloration of the skin, which is a matter of some interest, as both the supra-renal capsules were found to be dis- eased. Only the abdomen, an umbilical hernia of consid- erable size presented itself.

On opening the head, there was found general oedema of the arachnoid; but no other lesion of the brain or its membranes was discovered, to which the spasmodic fits and paralytic symptoms on the left side, and principally on the left part of the face, which were observed during the last days of her illness, might have been referred. But the oedema of the arachnoid and the state of the kidneys, to be described hereafter, are perhaps sufficient to account for the latter.

The heart was found very much enlarged in all its parts, and none of the openings seemed to have been closed any longer by its valves. Both ventricles and auricles were much distended by clotted dark blood. In the right au- ricle was found the shell of what had been a fibrinous clot, but which evidently had softened and burst, and discharged its contents into the general mass of the blood. The blood must have carried the matter to the lungs, and there caused the peculiarly sudden and severe inflammation which had been diagnosed during life by percussion, and by the bloody sputa, which mostly consisted of dark blood only, and differed little from the sputa in tubercular hemoptysis.

The right lung was throughout adherent to the thorax; its upper half was in a state of intense haemorrhage, with